

BENEFICIARY SATISFACTION SURVEY (DMEPOS Products/Services)

In an effort to continuously monitor and maintain the highest degree of customer satisfaction and service you receive from our Pharmacy, please complete this survey and return to the address listed below. We highly value your opinion!

Date:

Beneficiary Name (optional):

DMEPOS Product/Service Received: Walker

Please rate your degree of satisfaction on a scale of 1 - 5. 1 indicating Complete Dissatisfaction and 5 indicating Complete Satisfaction (Circle your Score; If Not Applicable, Circle "NA")

1. Customer Service:

Table with 6 columns: Service Category, 1, 2, 3, 4, 5, NA. Rows include Pharmacist, Pharmacy Personnel, DMEPOS Product Trainer, and Delivery Driver.

2. Time Frame for Delivery of Product/Service 1 2 3 4 5 NA

3. Quality of Product/Service Received 1 2 3 4 5 NA

4. Product Ease of Use 1 2 3 4 5 NA

5. Product Set Up 1 2 3 4 5 NA

6. Training Received on Product Use 1 2 3 4 5 NA

7. Training Received on Product Care and Maintenance 1 2 3 4 5 NA

8. Product Safety 1 2 3 4 5 NA

Comments: _____

Please Return Completed Survey to 931 Kennedy Blvd. Manville, NJ 08835